

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 99520 Office of Registrar of Vital Statistics. Ward 9<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 26<sup>th</sup> 1887

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Louis Teckmback

Sex, Male ~~or Female~~. Cross out the word not required in this line.

Age, 43 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single, Widow or~~ Widower. Cross out the word not required in this line.

Occupation Merchant

Birthplace, State or country, and how long in the United States, if of foreign birth. Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, Give street and Number. 334 W Lombard St

Cause of Death, First (Primary), Pneumonia  
Second (Immediate), Capillary

Duration of Last Sickness, Two weeks

Place of Burial, Old Shalom Cemetery

Date of Burial, April 29

Undertaker Jacob H. Myers & Co. F. J. Miles M. D.

Place of Business, 626 W Bath St Address, 574 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 9932/ Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 27-1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Philip J. Wild

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 76 Years, 6 Months,    Days

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Whip Maker ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 54 years.

Place of Death, { Give Street and Number. } 423 N. Carrollton Av.

Cause of Death, { First (Primary), Second (Immediate), } Pulmonary Phthisis

Duration of Last Sickness, 22 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, April 29th 1887

Undertaker, H. Lewis Schaefer

Place of Business, 316 N. Fremont Address,

J. W. C. Cuddy M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



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# Health Department, City of Baltimore.

Permit No. 99522 Office of Registrar of Vital Statistics. Ward 52

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 27 - 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Stemmell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years, 5 Months, — Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, 5 mos.

Place of Death, { Give Street and Number. } 243 Chestnut St.

Cause of Death, { First (Primary), Second (Immediate), } Spasms

Duration of Last Sickness, A few minutes

All the above information should be furnished by the Physician.

Place of Burial, Public Gr

Date of Burial, April 29th. 1887

Undertaker, Geo. Rinehart Alexander Hill M. D.

Medical Attendant.

Place of Business, Health Dept Address, Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99523

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

April 28 - 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

A. J. Root

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 35 Years,

Months,

Days

Color, Whit.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Milk-dealer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, { Give Street and Number. } No. 1121 N. Wolfe St.

Cause of Death, { First (Primary), Laudanum poisoning (suicide) }  
Second (Immediate),

Duration of Last Sickness, 3 hours.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 1st

Undertaker, A. C. R. Bandell } Alexander Hill, M. D.  
Place of Business, 1608, Miller St } Medical Attendant.

Address, Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99524 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 28, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Schmick

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 73 Years, 1 Months, 1 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give Street and Number. } 27 N. 1st St.

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 30th

Undertaker, Evans & Spence J. W. Honick M. D.

Medical Attendant.

Place of Business, 1000 E. Balt. St. Address, 1005 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



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# Health Department, City of Baltimore.

Permit No. 99525 Office of Registrar of Vital Statistics.

Ward 4<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death, April 28, 1887

Full Name of Deceased, Charles Lutz  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 8 Years, 10 Months, 10 Days

Color, White

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Baltimore City

Birth Place, from birth  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 1435 Hempstead St

Place of Death, Marasmus  
{ Give Street and Number. }

Cause of Death, from birth  
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, from birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 29<sup>th</sup>

Undertaker, J. H. Thomas

Place of Business, Orleans St

Medical Attendant.

M. D.

Address, 1006 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99526 Office of Registrar of Vital Statistics. Ward 18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 28 1887

Full Name of Deceased, John Heiser  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Male  
Cross out the word not required in this line.

Age, 63 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, W

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~  
Cross out the words not required in this line.

Occupation, Laborer

Birth Place, Germany  
State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, 100 Cross St  
Give Street and Number.

Cause of Death, Leukemia  
First (Primary),  
Second (Immediate),

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, April 29

Undertaker, B. H. Hall Gross Strauss M. D.  
Medical Attendant.

Place of Business, 115 West Address, 9 E. Montgomery St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99527 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 28th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline L. Engelman

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 31 Years, 11 Months, 17 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } 371 S. Eager St

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia  
Marasmus

Duration of Last Sickness, Cannot say definitely  
All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 1st 1887

{ Undertaker, A. J. Simpson M. D.

{ Place of Business, 415 N. Gay St Address, Eager Caroline Street Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99528 Office of Registrar of Vital Statistics. Ward 162

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 28<sup>th</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Lohrman.

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 5-7 Years, \_\_\_\_\_ Months, 6 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Baker.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany. (33 yrs in U.S.)

Duration of Residence in the City of Baltimore, 33 yrs.

Place of Death, { Give Street and Number. } 944 S. Sharp St.

Cause of Death, { First (Primary), Second (Immediate), } Alcoholism,  
Chronic Gastritis, Exhaustion.

Duration of Last Sickness, 3 or 4 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Park Cem

Date of Burial, May 1<sup>st</sup> 1887

{ Undertaker, Julius Kochler Medical Attendant, P. J. S. Tall. M. D.

{ Place of Business, Sharp & Cross Address, 524 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99529 Office of Registrar of Vital Statistics.

Ward 52

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 27th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lucy Freeman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 60 Years, Months, Days.

Color, Colored

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,                     

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give Street and Number. } 719 N. Durham St

Cause of Death, { First (Primary), Second (Immediate), } Rheumatism + Carbuncle

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laciel Cemetery

Date of Burial, April 29th 1887

{ Undertaker, Chas. S. Butler Edwin B. Fenby, M. D. Medical Attendant.

{ Place of Business, 1324 Caroline St Address, 1201 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the date of death.